

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020260

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4516

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY

NONE

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. LOUIS

Length of stay in 1b

27 DAYS

c. FULL NAME OF (If NOT in hospital, give location)

PEOPLES

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

ILLINOIS

b. COUNTY

ST. CLAIR

c. CITY

OR

EAST ST. LOUIS

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

1019 BAKER AVE

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

GEORGE B.

CARTER

4. DATE

Month

Day

Year

OF

DEATH

MAY

1

1962

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

MAR. 1, 1902

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months Days Hours Min.

9 0 0 0

IF UNDER 24 HR

Months Days Hours Min.

0 0 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

barber

10b. KIND OF BUSINESS OR INDUSTRY

Alcoa Co.

11. BIRTHPLACE (City and state or country)

UNKNOWN

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

deceased-UNKNOWN

13b. MOTHER'S MAIDEN NAME

Lula McNeal

14. NAME OF HUSBAND OR WIFE

Maxie B. CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Maxie B. Carter - 1019 Baker

Address

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

ACUTE CORONARY OCCLUSION

INTERVAL BETWEEN

ONSET AND DEATH

1 WEEK

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from APRIL 15, 1962, to MAY 1, 1962 and last saw him alive on MAY 1, 1962

Death occurred at 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. F. L. [REDACTED]

22b. ADDRESS

1516 E. BROADWAY

22c. DATE SIGNED

5/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

MAY 1, 1962

23b. DATE

MAY 1, 1962

23c. NAME OF CEMETERY OR CREMATORY

EAST ST. LOUIS

23d. LOCATION (City, town, or county)

EAST ST. LOUIS, ILL.

(State)

24. FUNERAL DIRECTOR

P. Z. Crumpler, 1035 Teller Ave.

25. DATE RECD. BY LOCAL REG.

MAY 3 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. C. D. Briggler 3346

P. O. Address 10316 Tudor av

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.